

## Interview Summary

**Application No.**

10/754,711

**Applicant(s)**GLENCROSS, DEBORAH  
KIM**Examiner**

ALLISON M. FORD

**Art Unit**

1651

All participants (applicant, applicant's representative, PTO personnel):

(1) ALLISON M. FORD.

(3) \_\_\_\_\_.

(2) LISA STAHL.

(4) \_\_\_\_\_.

Date of Interview: 16 June 2008.

Type: a) ☒ Telephonic b) ☐ Video Conference

c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No.

If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: all.

Identification of prior art discussed: n/a.

Agreement with respect to the claims f) ☐ was reached. g) ☒ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Examiner presented proposed amendment to independent claim 1, to place application in condition for allowance, the amended version of the claim was provided to Applicant's representative via facsimile. However, Applicant's representative stated the amendment would not be accepted, and requested an action on the merits be prepared on the version of the claims submitted 3/11/2008.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Allison M. Ford

Examiner Note: You must sign this form unless it is an  
Attachment to a signed Office action.

\_\_\_\_\_  
Examiner's signature, if required